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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CIP of 09/930,996 08/17/2001 PAT 6,634,784 *ML*

**** FOREIGN APPLICATIONS *******
none ML

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 12/20/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

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TITLE
 Mixing impeller device and method

FILING FEE RECEIVED 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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